Pre-Application Technical Assistance Reports for the Access to Recovery Grant Program

Report on Technical Assistance to Tennessee

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By

The Performance Partnership Grant
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Consultation between Michael Allen and the State of Tennessee
Written Report

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Introduction (Purpose of TA)

The State of Tennessee (the State) requested assistance with developing fiscal and cost accounting mechanisms for tracking the implementation of vouchers for the Access to Recovery (ATR) grant program. Johnson, Bassin, and Shaw, Inc. (JBS) contacted Michael Allen of Signal Behavioral Health Network (Signal) to assist the State.

Methodology

This consultation took place via teleconference on May 3, 2004. Participants included staff from Signal Behavioral Health Network (Michael Allen, Erik Stone, and Will Butler) and representatives from the State of Tennessee (Herb Stone, Michael White, Debbie Hillin, Linda McCorkle, Julie Smith, and Gwen Shanks). The teleconference lasted approximately 1 hour. (For the background and experience of the three consultants, see the last section of this report.)

Content of TA Discussion

The State began by describing the system they are currently using in their Alcohol and Drug Addiction Treatment (ADAT) program for second-offender DUIs. This program may be modified into a voucher system for the Access to Recovery (ATR) grant. The Signal consultants then described their on-line authorization system for child welfare services in Colorado, which is conceptually similar to a voucher system.

Questions and answers from this consultation session are as follows:

Tennessee: How do you address client choice in a Signal-type authorization system?
Signal: We do this through training the assessors. The client chooses the treatment provider from a list of providers who provide the level of care that is clinically appropriate for the client.

Tennessee: Are recovery support services funded through the Signal authorization system?
Signal: Not at this time.

Tennessee: What is Signal's experience in setting treatment rates?
Signal: Since Colorado has a State-supervised, county-administered system, the funds flow down to the county level and each county negotiates for itself. Signal basically asks the providers to

give us rates and we present those rates to the county. We also receive provider audits every year and these help us know the providers' actual costs and help us in rate setting.

Tennessee: Does Signal have experience with recovery support services (RSS)?
Signal: No.

Tennessee: Do you have any insight into setting rates for RSS?
Signal: Does Tennessee plan to use co-pays or sliding scale rates?
Tennessee: We are really open to anything. Currently we have several providers who are using a sliding scale.
Signal: For RSS, we would use a similar process to what we use for treatment rates. The first step is to determine what you are and are not willing to pay for. Then second, you ask providers for "fair" rates. You may even do a survey of the rates for various providers. Third, you account for regional differences and the varying sophistication of providers (some providers may have very sophisticated accounting systems and be able to tell you exactly how much their treatment costs are, while other providers may not even know their true costs).

Tennessee: Your system is Web-based – would you recommend a Web-based system?
Signal: Our system is Web-based and that seems to make the most sense for us. When we used to have a paper system, we were drowning in paperwork and our data was not as "clean" because of multiple data-entry errors and illegible faxes.

Tennessee: Did your providers have to upgrade to use your system? What are the technical specifications to use your system?
Signal: Basically, all you need to access the Signal system is an internet connection and Internet Explorer version 5.1 or higher. We have providers accessing our system who have hundreds of employees and sophisticated data systems. We also have a provider (a husband and wife team) who live in a cabin in the mountains and transmit data to Signal through their laptop. None of our providers has trouble accessing the Signal system.

Tennessee: Did your providers know about the technical requirements before contracting with you?
Signal: Yes. By the way, another fiscal management tip we can give you is that Signal pays providers only after we have been paid by the counties. This is so Signal doesn't need to have a lot of cash out to providers. Unfortunately, this can be a problem when counties are slow to pay and Signal has to field calls from providers who want their money.

Tennessee: What about financial holdbacks or incentives?
Signal: We don't currently do this.

Tennessee: How do you manage the dollars and account quarterly for your spending when vouchers are good for 1 year?
Signal: Good question. Our authorizations are good for 90 days. However, you could handle this through real-time billing reports and constant communication with the counties. For example, you need to know (ahead of time) what to do when funds are getting short. Do you stop authorizations on the front end (evaluations)? Do you continue to pay and the county will

come up with other funds? Do you stop all treatment? Signal also gave the counties access to the Signal system, so they can view their own spending as often as they would like. Your State may also want to explore allocating funds across services (i.e., break up the dollars into residential services, outpatient services, drug testing). When one pot of money is over- or under-expended, you then will have the flexibility to move funds around to better manage your dollars.

Tennessee: What about a time limit for vouchers? Our Addiction Severity Index (ASI) is valid for 45 days. Should we put a similar limit on our vouchers?
Signal: Since our ASI is good for 6 months, we have different thoughts on that. However, from a fiscal management perspective, a time limit on vouchers would make sense.

Tennessee: How do you put a time limit on vouchers?
Signal: That is a really good question. I don't think we can answer that. As a side note, Signal has 40 percent of our authorizations that go unused. Clients are dropping out between the time of the assessment and intake. We are just now starting to take a look at that. We really don't focus on the number of unused authorizations. We focus instead on the dollars, so we can reallocate funds that aren't being used.
Tennessee: How do you manage that?
Signal: Our authorizations expire if they are unused within 90 days.
Tennessee: But then your provider can go into the system and "unexpire" the authorization?
Signal: Yes, easily, with one mouse click. By the way, have you seen the Web site for Albuquerque's voucher program? The site tracks how much funding is remaining in real time.
Tennessee: We haven't seen it – is it a running tally?
Signal: Yes. It shows both the amount of General Treatment dollars left and the DUI funds available. This is one way to manage your funds.

Tennessee: Is the Albuquerque system Web-based?
Signal: No, but they say they are considering going on-line.
Tennessee: Can the vouchers be done any other way?
Signal: Sure. But, based on our experience, our recommendation would be to develop a Web-based system. Again, when we used to have a paper system, we were drowning in paperwork and had poor data integrity. If this project is done on a small scale, paper would probably work.

Tennessee: How long did it take your providers to transition to the Web-based system?
Signal: Many of our providers already had sophisticated systems that we linked to ours. We have had a more difficult time with smaller providers and providers who are out of the Signal network. We obviously got more compliance when we told providers we were only going to pay for services that were entered on-line. Some of the struggles we have had include lack of technical support and underestimating the training that would be required.

Tennessee: How did you increase your provider network? [Tennessee will be receiving technical assistance in this area from another consultant.]
Signal: We really haven't expanded our network yet. Basically, we have internal credentialing criteria that need to be met (from the Signal Quality Assurance Manual), and we do regular site visits.

Tennessee: How do you credential recovery support services (RSS)?
Signal: Good question – I don't think we have an answer for you. We don't currently do this.

Tennessee: Has anyone looked at the Web Infrastructure for Treatment Services (WITS) system?
Signal: We want to. We are supposed to have a demonstration this week. We aren't sure exactly what it does or what the licensing requirements are. So far, we have two concerns about WITS: 1) is it flexible enough to make all the modifications we need it to make, and 2) does it have sufficient reporting functionality? We have run about 720 reports on the Signal system in the last 30 days. We aren't sure if WITS can handle that number.

Tennessee: How are you writing your State's ATR grant?
Signal: We can't answer that.

Tennessee: Do you have any flow charts or written descriptions of your system that you can send to us?
Signal: We don't have anything prepared at the moment. You can access our Web site and view our Quality Assurance Manual on-line. We just thought of another thing. You may want to consider what kind of pre-authorization (if any) you might want to use for your voucher system. For example, we have some counties who want to review and approve every request for services. Other counties don't use these kinds of cost-management techniques.
Tennessee: Thanks, this fits in with a model we are already using, although our system is a paper system and is done through faxes.

Recommendations

Signal was able to answer most of the State's questions. However, a few unresolved issues remain which the State needs to address either internally or through additional technical assistance:
- How should the State address fiscal holdbacks and provider incentives?
- Should the State put a time limit on vouchers?
- How can the State increase their provider network?
- How do you credential recovery support services (RSS)?

The State indicated that they will be receiving technical assistance from another consultant regarding how to increase their provider network.

Outcomes

Signal referred the State to the Signal Web site (www.signalbhn.org) for more information about Signal and how they operate. The State can also find a copy of the Signal Quality Assurance Manual for review on-line. This manual may be useful to the State in terms of how the treatment authorizations flow through their system.

Background of Consultants for the Tennessee TA Teleconference

Michael Allen, LCSW, CAC III, is the Director of Child Welfare Services for Signal Behavioral Health Network, a managed service organization which contracts with the Alcohol and Drug Abuse Division of the Colorado Department of Human Services to manage publicly funded treatment dollars for 34 Departments of Social Services and 18 service providers throughout the State of Colorado. As the Director of Child Welfare Services, Michael negotiates and manages contracts and memorandums of understanding between service providers and counties, provides services utilization review, oversees child welfare billing, and manages a child welfare substance abuse budget of approximately $2 million. Michael has more than 10 years experience in the substance abuse treatment field, including direct service, program development, and administration. He has served on numerous local committees and task forces, including the Colorado Works Substance Abuse Task Force, Colorado Drug-Endangered Children Project, Preventing Adolescent Suicide in Colorado Initiative, and the Colorado Technical Assistance Grant Steering Committee with the National Center for Substance Abuse and Child Welfare.

Erik Stone, M.S., CAC III, is the Director of Compliance and Quality Improvement at Signal Behavioral Health Network. He has worked in the substance abuse treatment field since 1983 as a clinician, supervisor, administrator, and trainer. He is currently responsible for Signal's quality improvement and contractual compliance activities, which include such activities as provider site visits, credentialing procedures, and client and provider satisfaction surveys. He currently sits on Colorado's Clinical Advisory Group and has served on multiple State policy workgroups. He participates in the Rocky Mountain Node of NIDA's Clinical Trials Network and serves on the Board of Advocates for Recovery, a Colorado grassroots organization advocating for the recovery community.

Will Butler is the Director of Information Services for Signal Behavioral Health Network. Will holds a Bachelor's Degree in mathematics from the University of Colorado and has done post-graduate work in economics. Will has 20 years experience in information services, with 15 years as a business and information systems analyst and manager. Will provides data consultation to the Rocky Mountain Node of the NIDA Clinical Trials Network and to Signal Network member agencies.